

Nebraska Workers' Compensation Court  
Vocational Rehabilitation Section  
State Capitol Building  
P.O. Box 98908  
Lincoln, Nebraska 68509-8908  
(402) 471-3606  
(800) 599-5155

MAIL COMPLETED ORIGINAL FORM TO ABOVE ADDRESS



VR-42b (6/95)

## VOCATIONAL REHABILITATION COUNSELOR APPOINTMENT REQUEST

EMPLOYEE NAME		DOCKET & PAGE NO. (IF APPLICABLE)
STREET ADDRESS		HOME TELEPHONE NUMBER
CITY, STATE, ZIP CODE		SOCIAL SECURITY NUMBER
EMPLOYER (NAME & ADDRESS)		DATE OF INJURY
INSURER (NAME & ADDRESS)		
CLAIM NUMBER (IF KNOWN)	CLAIM ADJUSTER	CLAIM ADJUSTER TELEPHONE NUMBER
TYPE OF INJURY		HAS EMPLOYEE RETURNED TO WORK? YES <input type="checkbox"/> NO <input type="checkbox"/>
EMPLOYEE'S ATTORNEY		TELEPHONE NUMBER
EMPLOYEE'S ATTORNEY ADDRESS		
EMPLOYER'S/INSURER'S ATTORNEY		TELEPHONE NUMBER
EMPLOYER'S/INSURER'S ATTORNEY ADDRESS		
IS THE EMPLOYEE CLAIMING ENTITLEMENT TO VOCATIONAL REHABILITATION PURSUANT TO §48-162.01? YES <input type="checkbox"/> NO <input type="checkbox"/>	IS THE EMPLOYEE REQUESTING THAT VOCATIONAL REHABILITATION SERVICES BE PROVIDED? YES <input type="checkbox"/> NO <input type="checkbox"/>	IS THE REQUESTOR ASKING THAT A LOSS-OF-EARNING-POWER EVALUATION BE PERFORMED AT THIS TIME? YES <input type="checkbox"/> NO <input type="checkbox"/>
HAS THE EMPLOYEE ALREADY BEEN EVALUATED FOR OR RECEIVED VOCATIONAL REHABILITATION SERVICES? YES <input type="checkbox"/> NO <input type="checkbox"/>	HAS A LOSS-OF-EARNING-POWER EVALUATION ALREADY BEEN COMPLETED BY A VOC. REHAB. COUNSELOR? YES <input type="checkbox"/> NO <input type="checkbox"/>	PRIOR TO THIS REQUEST, HAS ANY PARTY RETAINED THE SERVICES OF A VOC. REHAB. COUNSELOR FOR THIS CASE? YES <input type="checkbox"/> NO <input type="checkbox"/>
LIST THE NAME OF ANY VOCATIONAL REHABILITATION COUNSELOR WHO HAS PROVIDED SERVICES (INCLUDING MEDICAL CASE MANAGEMENT, LOEP, CONSULTING, ETC.) ON THIS CASE.		
DESCRIBE, IN DETAIL, (1) ON WHAT BASIS IS THE REQUEST FOR VOCATIONAL REHABILITATION COUNSELOR APPOINTMENT BEING MADE, AND (2) WHAT STEPS THE PARTIES HAVE TAKEN IN AN ATTEMPT TO AGREE ON THE SELECTION OF A VOCATIONAL REHABILITATION COUNSELOR. (BE SURE TO IDENTIFY THE NAMES OF THE VOCATIONAL REHABILITATION COUNSELORS SUGGESTED BY EACH PARTY).		
PRINTED NAME OF REQUESTOR	SIGNATURE OF REQUESTOR	DATE SIGNED

ORIGINAL - WORKERS' COMPENSATION COURT

CANARY - EMPLOYER/INSURER/INSURER ATTORNEY

PINK - EMPLOYEE/EMPLOYEE ATTORNEY